



State of California  
**FRANCHISE TAX BOARD**  
P.O. Box 942886  
Sacramento, CA 94286-0904  
Telephone:

## COOPERATIVE MEMBERSHIP

THIS IS TO CERTIFY THAT THE CLAIMANT NAMED BELOW OWNED ONE OR MORE APARTMENTS/UNITS IN A COOPERATIVE. THE CLAIMANT'S SHARE OF PROPERTY TAXES ON THESE COOPERATIVE APARTMENTS/UNITS IS STATED BELOW:

FIRST NAME	INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
DID THE CLAIMANT OWN THIS PROPERTY ON DECEMBER 31 IMMEDIATELY PRECEDING THE CLAIM YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			APARTMENT OR UNIT NUMBER
NAME OF COOPERATIVE			
STREET ADDRESS			
CITY		STATE CALIFORNIA	ZIP CODE

### PROPERTY TAX

1. FULL VALUE OF THE PROPERTY (after Homeowners or Veterans Exemption) .....	\$ _____
2. CLAIMANT'S PERCENTAGE OF OWNERSHIP IN THE PROPERTY .....	_____ %
3. ASSESSED VALUE OF CLAIMANT'S APARTMENT/UNIT (line 1 x line 2) .....	\$ _____
4. GROSS PROPERTY TAXES <b>BEFORE</b> APPLICATION OF PROPERTY TAX EXEMPTION ....	\$ _____
5. CLAIMANT'S SHARE OF PROPERTY TAX (line 4 x line 2) .....	\$ _____
6. LESS TAX REDUCTION ATTRIBUTABLE TO (check one) <input type="checkbox"/> HOMEOWNERS EXEMPTION <input type="checkbox"/> VETERANS EXEMPTION .....	\$ _____
<i>(Total tax after homeowners or veterans exemption, divided by number of units qualifying for exemption.)</i>	
7. CLAIMANT'S NET PROPERTY TAX (line 5 less line 6) .....	\$ _____

SIGNATURE OF OFFICER \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ATTACH THIS FORM TO YOUR  
HOMEOWNER ASSISTANCE CLAIM.